

[Skip to Form](#)

Instructions to file a Complaint

If you are denied the **opportunity** to apply for benefits or services by **the** Virginia Department of Social Services or any of Virginia's local Social Services **agencies** based on a violation of your civil rights, you may file a complaint by contacting any of the following:

Denials of Opportunity to Apply for any Benefits or Services:

VDSS Civil Rights Program Administrator

801 E. Main Street, 6th Floor

Richmond, Virginia 23219

Toll Free: (800) 552-3497 Richmond: (804) 743-2265

E-mail: OfficeofCivilRights@dss.virginia.gov

Denials of Opportunity to Apply any Benefits or Services Other than SNAP

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U. S. Department of Health and Human Services (HHS) write:

HHS Director,

Office for Civil Rights,

Room 515-F

200 Independence Avenue, S. W.

Washington, D.C. 20201

or call (202) 619-0403 or (800) 537-7697 (TTY)

Denials of Opportunity to Apply for SNAP Benefits

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age disability, sex, gender identity, religion, reprisal, and where applicable, political benefits, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Compliant Form](#), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at:

U.S. Department of Agriculture, Director

Office of Adjudication

1400 Independence Ave., S.W.

Washington, D.C. 20250-9410

Fax (202)690-7442 or email at program.intake@usda.gov

COMPLAINT REQUIREMENTS - Your complaint must:

1. Be filed in writing, either on paper or electronically, by mail, or e-mail;
2. Name the social service provider or healthcare involved and describe the acts or omissions believed to have violated the applicable civil rights nondiscrimination laws or regulations; and
3. Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

Under Civil Rights Laws an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action.

HOW TO SUBMIT YOUR COMPLAINT TO OCR - *To submit a complaint to OCR, please use one of the following methods.* You may mail or fax your complaint to the attention of the Civil Rights Program Administrator. You do not need to sign the complaint form when you submit them by email, your email represents your signature.

Option 1: Open and fill out the Discrimination Complaint Form in PDF format (you can also request a copy of this form from our office). You will need Adobe Reader software to fill out the complaint and consent forms. You may either: (a) print and mail or fax the completed, signed complaint form to VDSS Office of Civil Rights – Civil Rights Administrator; or (b) scan and email the completed, signed complaint and consent forms to OfficeofCivilRights@dss.virginia.gov *(Please be advised that communication by unencrypted email presents a risk of disclosure of sensitive information. There is some risk that any individually identifiable health information or other sensitive or confidential personally identifiable information may be contained in such an email, may be disclosed to, or intercepted by unauthorized third parties.)*

Option 2: You may (a) mail or fax to VDSS Office of Civil Rights; or (b) email to OfficeofCivilRights@dss.virginia.gov.

You may submit a written complaint in your own format. Be sure to include the following information:

1. Your name
2. Full address
3. Home and work telephone numbers
4. E-mail address
5. Name, full address and phone number of the person, agency or organization you believe discriminated against you
Brief description of what happened: how, why, and when you believe your (or someone else's) civil rights were violated
6. Any other relevant information
7. Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

The following information is optional:

1. Do you need special accommodations for us to communicate with you about this complaint?
2. If we cannot reach you directly, is there someone else we can contact to help us reach you?
3. Have you filed your complaint somewhere else?

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Forward a copy to:
U.S. Department of Agriculture, Director
Office of Adjudication
1400 Independence Ave., S.W.
Washington, D.C. 20250-9410
Fax (202)690-7442 or email at program.intake@usda.gov

Virginia Department of Social Services
Civil Rights Program Administrator
801 E. Main Street
Richmond, Virginia 23219
OfficeofCivilRights@dss.virginia.gov

FIRST NAME		LAST NAME	
HOME PHONE (with area code)		WORK PHONE (with area code)	
STREET ADDRESS		CITY	
STATE	ZIP	EMAIL ADDRESS	
Are you filing a complaint for someone else?		Yes	No
FIRST NAME		LAST NAME	
I believe that I have been (or someone else has been) discriminated against on the basis of: <div style="display: flex; justify-content: space-around;"> Race/Color/National Origin Age Religion </div> <div style="display: flex; justify-content: space-around;"> Gender (Male/Female) Disability Other (specify): </div>			
Who do you think discriminated against you (or someone else)? PERSON/AGENCY/ORGANIZATION			
STREET ADDRESS		CITY	
STATE	ZIP	PHONE (with area code)	
Most recent date of discrimination: (List Dates)			

FIRST NAME		LAST NAME	
HOME PHONE (with area code)		WORK PHONE (with area code)	
STREET ADDRESS		CITY	
STATE	ZIP	EMAIL ADDRESS	
Are you filing a complaint for someone else?		Yes	No
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<p>I believe that I have been (or someone else has been) discriminated against on the basis of:</p> <p> Race/Color/National Origin Age Religion Gender (Male/Female) </p> <p> Disability Other (specify): </p>			
Who do you think discriminated against you (or someone else)? PERSON/AGENCY/ORGANIZATION			
STREET ADDRESS		CITY	
STATE	ZIP	PHONE (with area code)	
Most recent date of discrimination: (List Dates)			
Please explain, what happened, how and why you believe you believe you were discriminated against? Please be specific as possible. (Attach additional pages as needed)			
Please list below any persons (witnesses, others) if known, whom we may contact for additional information to support or clarify your complaint.			

Complaints of discrimination must generally be filed with 180 days of the alleged discrimination. A waiver may be granted for the following reasons: (1) the discriminatory act could not reasonably be expected to be known within the 180-day period; (2) illness or incapacitation; (3) the same complaint was filed with another Federal, state, or local agency; and (4) any other basis determined by the Director of the Office of Adjudication and Compliance.